

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES  
 AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA  
 IDENTIFICATION NUMBER:

TN7303

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 01 - MAIN BUILDING 01

B. WING

(X3) DATE SURVEY  
 COMPLETED

07/30/2013

NAME OF PROVIDER OR SUPPLIER

HARRIMAN CARE & REHAB CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

240 HANNAH ROAD  
 HARRIMAN, TN 37748

(X4) ID  
 PREFIX  
 TAG

SUMMARY STATEMENT OF DEFICIENCIES  
 (EACH DEFICIENCY MUST BE PRECEDED BY FULL  
 REGULATORY OR LSC IDENTIFYING INFORMATION)

ID  
 PREFIX  
 TAG

PROVIDER'S PLAN OF CORRECTION  
 (EACH CORRECTIVE ACTION SHOULD BE  
 CROSS-REFERENCED TO THE APPROPRIATE  
 DEFICIENCY)

(X5)  
 COMPLETE  
 DATE

N 831 1200-8-6-08 (1) Building Standards

(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.

This Rule is not met as evidenced by:  
 Based on observation, the facility failed to maintain the overall physical environment of the facility.

The findings include:

Observation on July 30, 2013 at 11:05 a.m. revealed the outside sprinkler riser room wall is dry rotted and falling out. The inside wall behind the door shows extensive amounts of water damage to the wall that is located where the wood is dry rotted out at.

This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on July 30, 2013.

N 831

N 831 1200-8-6-08 Building Standards

9-13-13

1. The inside wall in the outside sprinkler riser room is scheduled to be replaced by the maintenance staff.

2. Residents have the potential to be affected.

3. Maintenance will inspect the outside riser room walls monthly for 3 months to assure no further problems related to water damage.

4. Inspection findings will be reported by the Maintenance Director to the Quality Assurance committee monthly for 3 months (Quality Assurance committee consists of/ minimally: Administrator, DON, physician, Chaplain, Unit Mgrs. and Social Services). Next Quality Assurance meeting scheduled for August 21st, 2013. Quality Assurance Committee will Review, discuss and make any necessary revisions or recommendations.

N 848 1200-8-6-08 (18) Building Standards

(18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.

N 848

Division of Health Care Facilities

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

E FORM

EED521

If continuation sheet 1 of 2

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN7303	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  07/30/2013
---	---	--	---

NAME OF PROVIDER OR SUPPLIER

HARRIMAN CARE & REHAB CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

240 HANNAH ROAD  
HARRIMAN, TN 37748

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 848	Continued From page 1  This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain a positive air pressure in all clean rooms.  The findings include:  Observation and interview with the laundry staff on July 30, 2013 at 1:00 p.m. revealed the laundry supply room that stores clean supplies does not have positive air pressure for the room.  This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on July 30, 2013.	N 848	N 848 1200-8-6-.08 (18) Building Standards  1. Clean linen supplies removed from Laundry supply room 8/15/13.  2. Residents have the potential to be affected.  3. Laundry/housekeeping Staff in-serviced re. clean linen supplies cannot be kept in the Laundry supply room. Maintenance Director to audit the Laundry supply room weekly x 4 weeks to assure that no clean linens are stored in the Laundry supply room.  4. Audit findings will be reported by the Maintenance Director to the Quality Assurance committee monthly. (QA/PI committee consists of/ minimally: Administrator, DON, physician, Chaplain, Unit Mgrs. and Social Services). Next Quality Assurance meeting scheduled for August 21st, 2013. Quality Assurance Committee will Review, discuss and make any necessary revisions or recommendations.	9-13-13